

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/50,391

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		2				
5		1				
6		2				
7		1				
8		2				
9		1				
10		2				
11		1				
12		2				
13		1				
14		2				
15		1				
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45						
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47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	23					
TOTAL CLAIMS	24					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

U.S. DEPARTMENT OF COMMERCE

BEST AVAILABLE COPY